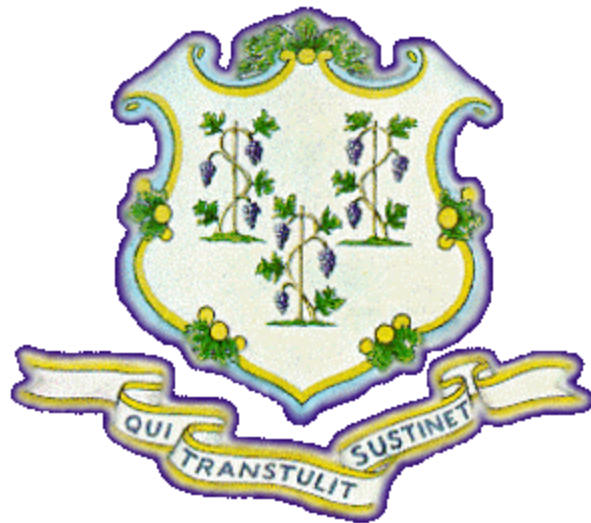


# STATE OF CONNECTICUT

## Supplier Diversity Program RECERTIFICATION APPLICATION



Mailing Address:  
Department of Administrative Services (DAS)  
Business CONNections/Supplier Diversity Program  
165 Capitol Ave., Room G-8A  
Hartford, CT 06106  
Telephone: (860) 713-5236  
Fax: (860) 713-7457  
Web Address: [www.das.state.ct.us](http://www.das.state.ct.us)



Please contact us at the number above if you need this application in an alternate format.

Small Business Supplier Diversity Program  
Recertification Application

**Complete all pertinent sections of this recertification application and supply all applicable requested supporting documentation. Failure to do so may delay processing.**

**It is the company's responsibility to return this application and supporting documentation to our office within the 90 (ninety) day grace period of the certification expiration date.**

1. Indicate previous status (Check ONE) MBE \_\_\_\_ SBE \_\_\_\_

2. FEIN (Federal Employer Identification Number): \_\_\_\_ - \_\_\_\_

3. Legal Business Name: \_\_\_\_\_  
(including d/b/a)

Business Address: \_\_\_\_\_  
(P.O. Box only will not be accepted)

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Local Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
(Toll free numbers only if number is in the State of CT)

\*E-Mail \_\_\_\_\_ Company Web-site \_\_\_\_\_  
(every e-mail address must contain an @ sign within an email address) (Every web site must begin with "www.")

\*Contact Person \_\_\_\_\_ (Please list only one individual.)

5. Identify the Principal(s) and/or Officer(s) of the company:

<u>Name(s) of Present Principals/Titles</u>	<u>% of Ownership</u>
_____/_____	_____
_____/_____	_____
_____/_____	_____
_____/_____	_____

6. If you would like to change the description of products and services your company directly provides as it currently appears on your certificate, please use the space below.  
Description must not exceed 250 characters including spaces.

7. Has your company received a Set-Aside award during your previous fiscal year?  
Yes \_\_\_\_ No \_\_\_\_

If so, list the specific contract, State Agency and dollar amount.

Contract Number	State Agency	Dollar Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Has your company changed ownership, officers or business structure since your most recent certification? Yes \_\_\_\_ No \_\_\_\_

If yes, please briefly explain and include all confirming documents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Number of employees: \_\_\_\_\_

10. Month of your fiscal year end: \_\_\_\_\_

11. Total gross receipts (or estimated) for the most recently completed fiscal year: \$\_\_\_\_\_

(This figure must agree with the submitted Federal Tax Return or Accountant's letter. Companies with gross receipts of up to \$6 million will be certified for up to two fiscal years. Companies with gross receipts greater than \$6 million will be certified for up to one fiscal year. All information pertaining to gross receipts is confidential..)

12. Does any owner, or the company itself, have ownership in any other business?

Yes \_\_\_\_ No \_\_\_\_

Ownership is implied if an individual (or the company itself) owns 20% or more of the applying company and 20% or more of another company (considered an affiliate). If yes, the Federal Tax Return for the affiliate company(ies) must be submitted with this application. To be eligible for the Supplier Diversity Program, the combined total gross receipts for all companies cannot exceed \$10,000,000.

If yes, provide detailed description of any and all involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide name(s) of affiliate company(ies), FEIN, and percentage of ownership of each company(ies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Provide the names of the individuals in your business, who hold licenses, (including all trade licenses such as PUC, Electrical, Demo)

Name(s) of Individuals	Type of License	Date of Lic.	Exp. Date
_____	_____	_____	_____
_____	_____	_____	_____

14. If you had not previously applied for certification of your business enterprise as minority-owned, woman-owned or owned by a person(s) with a disability and would like to apply now, select one or more of the following categories: A minority is a person who is a citizen or lawful permanent resident of the United States and who is included in one of the following categories:

Minority Category	Female	% of Ownership	Male	% of Ownership
___ American Indian	_____	_____ %	_____	_____ %
___ Asian American	_____	_____ %	_____	_____ %
___ Black American	_____	_____ %	_____	_____ %
___ Hispanic American	_____	_____ %	_____	_____ %
___ Iberian Peninsula	_____	_____ %	_____	_____ %
___ Individual with a disability	_____	_____ %	_____	_____ %
___ White	_____	_____ %	_____	_____ %

Companies applying for Minority Business Enterprise (MBE) certification for the first time **must** include the following:

Copy of a birth certificate, U.S. marriage license, or other government document that clearly shows the race or ethnic affiliation of the **majority owner(s)** who are members of one of the above categories;

Person with a disability must include copies of medical documentation stating that the physical impairment substantially limits one or more of the major life activities of the individual as defined by the Americans with Disabilities Act (ADA). Documentation must be provided for the majority owner(s).

15. Please provide a written statement, signed and notarized by a Notary Public, detailing the education pertaining to the business, experience in the business, current duties, current responsibilities, and the percentage of time devoted to the business by the majority owner(s).
16. Does the business or any person listed in this certification package have or intend to enter into any type of agreement with any other concern or person which relates to or affects the ongoing administration, management or operations of the applicant's business?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attach copies of all such agreements.

## Affidavit of Applicant

***Read the following paragraphs carefully! Your signature on this application indicates acceptance and understanding of the conditions.***

**Omission** of information may delay processing.

**Applicant Agrees** to allow the Connecticut Department of Administrative Services representatives access and the right to a site visit of the applicant's place of business.

**The Connecticut Department of Administrative Services** reserves the right to request further information from the applicant prior to certification.

**Applicant Agrees** to immediately notify the Connecticut Department of Administrative Services of all facts that would result in a failure to satisfy the program requirements.

**The Connecticut Department of Administrative Services** may terminate certification at any time for good cause in accordance with the administrative policies established by the Connecticut Department of Administrative Services.

**Joint Venture Certification Application:** A Small Business Enterprise and a Minority Business Enterprise applying for joint venture certification must each be previously certified by Department of Administrative Services as a SBE or MBE on or before the date of application as indicated on the joint venture statement.

**All information** in this application is true and accurate and is submitted for consideration of certification. It is understood that the Connecticut Department of Administrative Services shall rescind the certificate of eligibility through the use of false information or misrepresentation and the Department shall report such action to the appropriate State Attorney and the Office of the Attorney General. A civil penalty not to exceed ten thousand dollars (\$10,000) may be imposed on the contractor found in violation.

**If the Connecticut Department of Administrative Services** discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately.

The undersigned hereby swears under penalty of law that all statements made in this application are true.

Business Name \_\_\_\_\_

Signature of Proprietor, all Partners, or President of Corporation:

Signature	Date	Print Name
Signature	Date	Print Name

Please submit required documentation with application using the following checklist.

- \_\_\_ Copy of your most recent annual report Commonly referred to as the \$75.00 report) from the Office of the Secretary of State (if applicable). For information pertaining to this document contact the Secretary of State at (860) 509-6003
- \_\_\_ Sales and Use Tax Permit.  
For information on permits contact the Department of Revenue Services at 1-800-382-9463
- \_\_\_ Copy of the Firm's **Entire** Federal Tax Return – Most recent fiscal year end. **Sole Proprietorship – Schedule C only**. If this is not available, a letter on your company's accountant's letterhead with the estimated gross receipts is acceptable. Without either of these documents, the application cannot be reviewed for eligibility. See #11 of application.
- \_\_\_ Copy of Affiliate Company's **Entire** Federal Tax Return – Most recent fiscal year end. If this is not available, a letter on the Company's Accountant's letterhead with the estimated gross receipts is acceptable. Without either of these documents, the application cannot be reviewed for eligibility. See #12 of application.
- \_\_\_ Copy of Birth Certificate, Marriage License, or other government document that clearly shows the race or ethnic affiliation of the **majority owner(s)** who are members of a minority. (If applicable). See #14 of application.
- \_\_\_ Copy of license(s) (if applicable). See #13 of application.  
For information on licenses contact the Department of Consumer Protection at 1-800-842-2649
- \_\_\_ Medical documentation stating the physical impairment substantially limits one or more of the major life activities of the individual with a disability as defined by the Americans with Disabilities Act (ADA). (If applicable). See #14 of application.
- \_\_\_ Notorized statement required for all companies. See #15 of application.
- \_\_\_ Agreements with other concerns which relates to the ongoing administration. (If applicable). See #16 of application.
- \_\_\_ Copy of Supporting documentation for companies that have changed business structure (ie. sole proprietor to LLC, corporation etc..)